

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12406

State File No. _____

FILED MAR 24 1953

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 2548

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i> 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Peoples Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>114204 W Page</i> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <i>BETTE</i> b. (Middle) <i>LEE</i> c. (Last) <i>TERREL</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 4 53</i>	
5. SEX <i>Female</i> 3	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 4-1914</i>
9. AGE (In years last birthday) <i>38</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Busess girl</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Take, Conn. Miss.</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Hugh Davis</i>	13b. MOTHER'S MAIDEN NAME <i>Frances Reed</i>	14. NAME OF HUSBAND OR WIFE <i>B. Terrell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <i>413.14.90.53</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Bertha Thompson</i> ADDRESS <i>1423 Cottage Memphis Tenn</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Septicemia</i> DUE TO (c) <i>Septicemia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>5411</i>	
22. I hereby certify that I attended the deceased from <i>8:15</i> , to <i>10:00</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3-9-53</i> and that death occurred at <i>8:15</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. Earl Smith</i> (Degree or title)		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>3/6/53</i>
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <i>3-9-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sanctis</i>	24d. LOCATION (City, town, or county) (State) <i>Miss</i>
DATE REC'D BY LOCAL REG. <i>MAR 7 1953</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, MD.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W.D. Richardson 2625 Glasgow</i>	

2. p. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. D. Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.